Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, Indiana 46204



Michael R. Pence Governor of Indiana Nicholas W. Rhoad PLA Executive Director

PISG Application Checklist

- ✓ **Follow** this checklist to help you complete the application process.
- ✓ **Retain** this checklist in your files to help you track your progress

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ompleted Application:		
1. Attached picture (passport quality) 2. Type of application designed 3. Current contact information full address and email address 4. Social Security number 5. All places of residence in the last 7 years 6. Name of firm (and license number if new qualifier) 7. Insurance information noted or "upon board approval" listed 8. Verification of experience detailing 4,000 hours of experience 9. Answer all Yes/No questions 10. Applicant affirmation signed and dated 11. Applicant affirmation signed and dated		
upporting Document:		
 Criminal Background Check from each City, County and State of Reprevious seven (7) years Fingerprint-Based Indiana State Police Criminal Background check DD-214 Form in lieu of criminal background check during 7 previous Proof of Limited Liability Insurance (unless waiting on Board approfosical Academic Transcripts (if applicable) Corporate Filings (if applicable) Verification(s) of Professional Licensure from each state where lice (if applicable) 	from MorphoTrust USA ous years oval) ensure is held or has been he	
My application was received (date):		
1. 2. 3. 4. 5. 6. 7. 6.	Attached picture (passport quality) Type of application designed Current contact information full address and email address Social Security number All places of residence in the last 7 years Name of firm (and license number if new qualifier) Insurance information noted or "upon board approval" listed Verification of experience detailing 4,000 hours of experience Answer all Yes/No questions Applicant affirmation signed and dated Applicant affirmation signed and dated Applicant affirmation signed and dated Oporting Document: Criminal Background Check from each City, County and State of Re Previous seven (7) years Fingerprint-Based Indiana State Police Criminal Background check DD-214 Form in lieu of criminal background check during 7 previo Proof of Limited Liability Insurance (unless waiting on Board appro Official Academic Transcripts (if applicable) Corporate Filings (if applicable) Verification(s) of Professional Licensure from each state where lic (if applicable) plication Fee \$300.00: (Payable to the Indiana Professional Licensing Check #:	mpleted Application: Attached picture (passport quality) Type of application designed Current contact information full address and email address Social Security number All places of residence in the last 7 years Name of firm (and license number if new qualifier) Insurance information noted or "upon board approval" listed Verification of experience detailing 4,000 hours of experience Answer all Yes/No questions Applicant affirmation signed and dated Applicant affirmation signed and dated Applicant affirmation signed and dated Previous seven (7) years Fingerprint-Based Indiana State Police Criminal Background check from MorphoTrust USA DD-214 Form in lieu of criminal background check during 7 previous years Proof of Limited Liability Insurance (unless waiting on Board approval) Official Academic Transcripts (if applicable) Corporate Filings (if applicable) Verification(s) of Professional Licensure from each state where licensure is held or has been he (if applicable) Polication Fee \$300.00: (Payable to the Indiana Professional Licensing Agency) Check #: